*******The Club of Indian Women*

*Affiliation Form*

**First Name: Last Name:**

**Mailing Address:**

**City & Zip Code:**

 **Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail:**

**Interests:**

**Would you like to volunteer for CIW activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One Time Joining Fee $ 25.00**

**CIW Lifetime Patron $ 200.00**

**Please complete this form and send its pdf copy to**

**ptannamd@hotmail.com**

**Please send payment, one-time joining fee OR Patron fee, via Zelle to**

**ptannamd@outlook.com**

**Please note that information about CIW activities, including meetings and events, is sent via email.**